

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - **8782**

2. Fiscal Year Covered From:

1 / **1** / **2004** Through: **12** / **31** / **2004**

3. Name and address of person filing.

Name **KRISTIN** **M** **GARDNER**

P.O. Box, Bldg., Room No., if any **2ND FLOOR**

Street **250 WEST 15TH ST. # 1 I**

City **NEW YORK**

State **NEW YORK** ZIP Code + 4 **10011**

4. Name, file number, and address of labor organization.

Name **STAGE + PICTURE OPERATORS AFL-CIO LOCAL**
UNION 764

Labor Organization File Number **021-828**

P.O. Box, Building and Room Number, if any **2ND FLOOR**

Street **545 WEST 45TH ST**

City **NEW YORK**

State **NEW YORK** ZIP Code + 4 **10036**

5. Position in labor organization. **VICE PRESIDENT**

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.

6. Name and address of Employer (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

7.a. Nature of Interest, Transaction, or Income.

7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

Kristin M Gardner

On

8/10/05
Date

(917) 923-7462
Telephone Number

Name of Person Filing

KRISTIN M. GARDNER

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name WELFARE FUND OF LOCAL 764

Trade Name, if any:

P.O. Box, Bldg., Room No., if any 2ND FLOOR

Street 545 WEST 45TH ST.

City NEW YORK

State NEW YORK ZIP Code + 4 10036

9. Business deals with:

☒ a. Labor Organization☐ b. Trust☒ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name MULTIPLE ENTERTAINMENT INDUSTRY EMPLOYERS

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

WELFARE
CONTRIBUTIONS RECEIVED FROM
EMPLOYERS PURSUANT TO COLLECTIVELY
BARGAINED AGREEMENTS BETWEEN
LOCAL 764 AND MULTIPLE ENTERTAINMENT
INDUSTRY EMPLOYERS.

11.b. Approximate dollar value of such dealing. \$3,746,458

12.a. Nature of interest held or income received.

DIRECT RECEIPT - CONFERENCE
(REGISTRATION, AIRFARE, HOTEL DEPOSIT)

12.b. Amount.

\$638

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

Name of Person Filing

KRISTIN M. GARDNER

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name PENSION FUND OF LOCAL 764

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 545 WEST 45TH ST

City NEW YORK

State NEW YORK ZIP Code + 4 10036

9. Business deals with:

☒ a. Labor Organization☐ b. Trust☒ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name MULTIPLE ENTERTAINMENT INDUSTRY EMPLOYERS

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

PENSION
CONTRIBUTIONS RECEIVED FROM EMPLOYERS PURSUANT TO COLLECTIVELY BARGAINED AGREEMENTS BETWEEN LOCAL 764 AND MULTIPLE ENTERTAINMENT INDUSTRY EMPLOYERS.

11.b. Approximate dollar value of such dealing.

\$ 1,844,858

12.a. Nature of interest held or income received.

DIRECT RECEIPT - CONFERENCE
(REGISTRATION, AIRFARE, HOTEL DEPOSIT)

12.b. Amount.

\$ 709

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

Name of Person Filing

KRISTIN M. GARDNER

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name ANNUITY FUND OF LOCAL 764

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

2ND FLOOR

Street 545 WEST 45TH ST.

City NEW YORK

State NEW YORK

ZIP Code + 4 110036

9. Business deals with:

☒ a. Labor Organization☐ b. Trust☒ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name MULTIPLE ENTERTAINMENT INDUSTRY EMPLOYERS

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

11.a. Nature of such dealing.

ANNUITY
CONTRIBUTIONS RECEIVED FROM
EMPLOYERS PURSUANT TO COLLECTIVELY
BARGAINED AGREEMENTS BETWEEN
LOCAL 764 AND MULTIPLE
ENTERTAINMENT INDUSTRY EMPLOYERS.

11.b. Approximate dollar value of such dealing.

\$ 2,662,977

12.a. Nature of interest held or income received.

DIRECT RECEIPT - CONFERENCE
(REGISTRATION, AIRFARE, HOTEL DEPOSIT)

12.b. Amount.

\$ 71

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐or Consultant ☐

?

14.b. Amount of payment.